

VIRGINIA VACCINES FOR CHILDREN PROGRAM

FRAUD AND ABUSE POLICY

Purpose

The purpose of this policy is to provide programmatic direction for the prevention of fraud and abuse in the utilization of vaccines provided to private and public health care facilities by the Virginia Vaccines For Children (VVFC) Program through state and federal funding sources. The Division of Immunization (DOI) is required by federal granting authorities to implement a VVFC fraud and abuse prevention policy.

Children under 19 years of age who meet one or more of the following criteria are eligible for VVFC vaccine:

- Enrolled in Medicaid or Medicaid HMO
- Have no health insurance
- American Indian or Alaskan Native (must be a member of a tribe)
- Underinsured: *Public facilities only* (Have health insurance that does not cover vaccinations)

Given vaccine usage constraints relative to vaccine funding, VVFC vaccine must be used according to the guidelines outlined above and those specified in the VVFC Contract agreed to and signed by enrolled providers. Misuse of VVFC vaccine may result in civil and/or criminal penalties if fraud or abuse is determined to have occurred.

Definitions

Fraud is defined as "an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person." (42 CFR 455.2)

Abuse is defined as "provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care...." (42 CFR 455.2)

Authority

OBRA '93	Omnibus Budget Reconciliation Act of 1993 (VFC program effective 10/1/1994)
42 USC 1369s	Program for distribution of pediatric vaccines
12VAC30-10-50.	Pediatric immunization program
12VAC30-10-580.	Payment for services
§59.1-200.	Prohibited practices

Examples of Fraud and Abuse

- Billing for services not furnished. (Fraud)
- Charging the patient or insurance company for the cost of free, VVFC- provided vaccine. (Fraud)
- Administering VVFC vaccine to non-eligible patients on a recurring basis. (Fraud / Abuse)
- Billing in excess of the state cap of \$14.71 per dose to Medicaid or the patient for administration of VVFC vaccine. (Fraud)
- Excessive and repetitive vaccine spoilage or expiration due to negligence. (Abuse)

Assessment of Compliance

In order to receive VVFC vaccine, private and public health care providers enrolled in the VVFC program must submit patient profile numbers (Section 5, Registration Update Form), plus vaccine usage and inventory data according to VVFC specified guidelines. Every vaccine order submitted is compared to the provider's most recent patient profile and vaccine usage. VVFC staff examines vaccine usage and unaccounted for vaccine (UAV) rates at the provider level on an annual to semi-annual basis through analysis of Inventory and Doses Administered data, in addition to data on vaccine shipments, transfers and wastage.

Validity of the data submitted by providers is assessed during Quality Assurance visits by comparing the submitted data to the VVFC screening forms on file in the provider's office. During QA visits, Medicaid billing data is examined and compared to the amount of vaccine that providers order. Patient charts are examined to ensure that VVFC vaccine is administered only to VVFC-eligible children.

Unjustified excessive and/or repeated discrepancies between provider profile data, vaccine orders and vaccine usage will be identified by VVFC program staff. Suspected cases of fraud and abuse will be determined and/or evaluated by the VVFC program and referred for further investigation as is required of the program.

Referrals

VVFC is required to report suspected cases of fraud and abuse to the Centers for Disease Control and Prevention (CDC), who may in turn notify and/or involve the following agencies: Virginia Medicaid, Medicaid Fraud Control Unit (MFCU), and the Office of the State Attorney General on the state level; the U.S. Department of Health and Human Services, Office of Inspector General (OIG) and the U.S. Department of Justice on the federal level.

Resolution

Determination of fraud and abuse is made by VVFC in conjunction with the parties above. Providers who are found to be engaged in VVFC fraud or repetitive abuse will have their membership inactivated. Reinstatement to the VVFC program will be contingent on the outcome of proceedings by the aforementioned agencies. Final resolution may include the following (not all inclusive) interventions: remedial education, recoupment of funds, reinstatement without penalty, or referral for criminal prosecution or civil resolution.